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## ORIGINAL DEPARTMENT.

### Communications.

#### REPRODUCTION OF THE MAXILLARY BONES.

By WM. H. ATKINSON, M.D.

Read before the N. Y. Medical Journal Association.

MR. PRESIDENT AND GENTLEMEN:

I felicitate myself upon this opportunity of giving expression to doctrines long entertained and variously practiced upon, respecting the destruction and reproduction of the maxillary bones.

There are three modes of expression of destruction (or death) of these bones.

1st. Simple solution of the lime salts, without destruction of the matrix.

2d. Caries or ulceration, destroying both matrix and earthy matter.

3d. Necrosis, or death of considerable territory in mass by privation of pabulum.

Could we agree upon what constitutes normal nutrition of bone, our work would be facilitated, for all these conditions of death of bone are but modes of interference by a presence adverse to this normal act.

Every organ has its elements or tissues of which it is composed. In like manner, there must be some distinct anatomical or primal element that enables us to distinguish one tissue from another.

This act of nutrition, it is clear, then, must be effected for each tissue by its primal body or smallest individuality. This will enable us to perceive that nutrition, normal or abnormal, must be elaborated in the cell territories, within and around the cells; and hence is extra-vascular, and in "the juices of the flesh," or mucoid mass of pabulum, (food for cells,) which is nothing less than the perfectly

digested elements of food; in this final and finest product of the digestive function, the blood proper, resides the life of the system.

Anything that interferes, then, with the equable function of nutrition of bone-cells may be the cause of any form of disease or death to bone.

The force that enables the cells to imbibe that which they need, and reject unfit qualities or excessive quantities of pabulum, is resident in and about the cells, or that which amounts to the same thing, an appetency to the receptivity of this force holds its court in these occult territories. If, then, "The life of the body is the blood thereof," a text so often scouted, it is evident that the machinery by which this is conveyed to the remote portions of the body, must be in good working order to effect desirable results in nourishing old or reproducing new elements of tissues.

The simpler forms of disease demand the simpler modes of management.

1st. In the simplest forms of decalcification, with or without distension of the matrix, institute supporting treatment, locally and constitutionally. The local treatment may be effected by stimulants, astringent washes, and compress. The constitutional, by good feeding, air, sunshine, exercise, tonics, and agreeable surroundings.

Should this not succeed in inciting atorption or conversion into normal structures of the unhealthy contents of the matrix in a short time, I would advise incision of the sac, and careful removal by washing out all the fluid contents.

Immediately after this washing, distend the cavity by forcibly injecting a solution of the chloride of zinc, until the resilience of the walls will cause the piston of the syringe to fall back when the pressure is removed.

The strength of this solution of chloride of

zinc should range from 20 to 80 grs. to the oz. of distilled water, according to circumstances. For very susceptible patients, with low vital energies, the strength should be 30 to 60 grs. per oz. For persons of vigorous circulation and strength of body, I would use the maximum strength (80 grs.). For anemic patients and sloughing tendencies the minimum should be used. In the great majority of cases the injection of the zinc need not be repeated.

That I may be clearly understood, permit me to state the object of using the zinc is to change the abnormal local condition, and stimulate the vessels to supply a colloid mass or magma to fill the vacant matrix of the bone, or pocket into which the new growth may be projected and matured.

Another and more forcible reason for using the zinc after emptying the pocket or matrix of decalcified bone, is to prevent the formation of pus, sanies, or other debris of broken-down tissues which is so likely to occur in recent cases if left to themselves after evacuation.

If asked for the rationale of this mode of preventing the formation of pus, etc., I would reply, so soon as the pressure of distension is removed by the tapping, the current force of the circulation in the capillaries has a tendency to push them with their connections into the chasm, thus relaxing and binding them so as to induce stasis of their contents, distension of their walls, and transmission of white blood corpuscles so rapidly as to cause them to die and become pus-cells, which are incapable of being wrought into even abnormal tissue.

I am aware that this very transit of the plasm and white corpuscles would be the most desirable condition of things, could it but be regulated so as to permit the building force to reproduce the connective tissue out of these lymph corpuscles, and thus work up the basis of the new osseous structure.

There is a form of death of the margins of the alveolar process, very prevalent, that is usually set down (justly or unjustly) to softening of the ligamentous structure and the calcigerous periphery of the alveoli by mercur-

rilization. Where the softening involves a considerable depth of process, I have usually been able to refer it to constitutional condition. But where it is decidedly local, immediately under the margins of the gums, I have as frequently had cause to attribute it to local irritation from foreign deposit or injudicious efforts at keeping the teeth clean.

All that is necessary in purely local cases, though they have encroached upon the attachments of the root to the socket, even to the end of the root, and half its circumference on one side, is to remove all foreign material, polish nicely, wash clean, and dress with the zinc.

2d. Under the head of *caries* or ulceration of the maxillary bones, I deem it necessary to say but very little, either of the doctrine of what it is, or of the mode of cure.

In the first place, it is consecutive death of stratum after stratum of bone cells.

In the second place, the cure consists in scraping or rasping away the entire dead and dying surface; to be followed by scrupulous removal of the debris of the scraper or rasp, and the use of zinc as before indicated.

3. *Necrosis*. This, indeed, has been the opprobrium of surgery from the earliest times; and it is impossible to hasten with too much celerity, any improved doctrine or practice. The old time-honored doctrine of abandoning such cases to expectant treatment, at least so far as the maxillary bones, (more especially the superior) are concerned, let us hope has had its day. In every case of necrosis, there is a stage of incipency; and the difficulty of diagnosis of this stage, as the beginning of death of a considerable territory of osseous tissue, is the chief obstacle to aborting every case.

Let us ask what is it that dies, and why does it die? We answer, bone territory dies, and it dies because the supply of its nutrition is cut off. This is easy of proof, by injecting fresh arterial blood into freshly necrosed bone territory; and if in a single instance, bone may be resuscitated, what is in the way of resuscitating it in every case where the fresh supply of pabulum may be had? The standing doctrine announced by all the past

pathology of bones is this, namely "the periosteum is the bone producer, and the nourisher of bones." Here, as everywhere, the ambiguity of apprehension of what constitutes the tissues, is the great stumbling block against which we bump our pathological toes

It were as good sense to say that the scaffold poles on the outside of a new building, are the builders of the walls of the edifice, as in the light of the present histology to assert that periosteum is the bone producer and bone nourisher.

What is periosteum? A term coming from the dead languages, meaning around a bone. So far so good. This term had its origin before the days of LÖWINHEK. But in defining tissues since his time, closer scrutiny has become the rule in the light of our present knowledge. It would be difficult to distinguish under the microscope, fragments of the duramater, capsule of GLISSON, pericranium, peridontum, perichondrium, perimisium, perneurium, or periosteum, one from the other, without the knowledge whence they were taken. What, then, is periosteum proper? It is simply connective tissue. What is its function? Simply limitation of organs.

More than the periosteum must be detached from the bone, to secure rapid reproduction of the part exsected.

A continuous stratum of osteoplasts on the osseous face of the periosteum, may be said to be the best bone seed. But I have reason to believe that true bone not unfrequently arises in the connective tissue, resultant upon the colloid contents of the pocket; whence parts of bone have been exsected, by independant, that is disconnected points of ossification.

What sort of metamorphosis these points pass through, unfortunately for my views, I have not been able to demonstrate, because my patients thus far persist in retaining for their own use the reproduced structures.

Whenever we are so fortunate as to be consulted in the first stage of necrosis, when the pain becomes located, and of that peculiar distressing character indicative of this condition, instead of obtunding the pain, by the administration of narcotics, thus permitting the disease to extend to greater distance. We should

in every instance boldly cut down upon the seat of the pain, cutting entirely through not only the periosteum, stratum of osteoplasts, and external dense portion of the bone but into the bone cells proper.

In case the pain be entirely local, and at a single point, one transverse incision over and into the seat of the malady, will be sufficient to effect the abortion of the necrosis.

If the territory be considerable, in addition to the central incision a series of similar incisions should be made across the line of limitation between the healthy and diseased structure, sufficiently thorough and deep, to unload the capillaries, the sub-periosteal cells and bone cells, as before indicated, so as to limit the further extension of this inflammatory stage of the necrosis. These incisions should completely encircle the diseased territory.

This treatment has never disappointed me in a single instance. If the operation is thoroughly done in accordance with these directions, supporting constitutional treatment will complete the cure, without a repetition of the incisions.

If the necrosis has progressed so far as to have effected separation between the hard and soft parts, causing the soft parts to bulge out and become thickened by infiltration into the cellular tissues without breaking through and forming sinuses, a modification of the previous treatment should be pursued, by opening into the centre with a strong tenotomy knife, carrying the point to the margin of the separated tissues, and cutting across this line between healthy and diseased action, on at least four sides of the denuded bone. The character of the discharge that comes from this cavity will indicate the requisite treatment. If it be glary, mixed with only moderate quantity of grumous matter of broken down tissue, it should be thoroughly washed with warm water, with a few drops of tincture of callendula dissolved in it; then dry the chamber with soft linen or bibulous paper wound upon a flexible probe, and repeatedly introduced until it indicates that the cavity is dry; after which inject with a solution of chloride of zinc, withdraw the syringe, and press a soft fine sponge over the orifice, so as to remove all uncombined chloride,

after which delicately introduce a tent into the orifice; this may be conveniently made by winding cotton or lint around a fibre of broom corn or other delicate structure, making it just large enough to be retained in the mouth of the orifice; when introduced by a twisting motion. Cut it off level with the surface, and place a little pack of cotton saturated with tannin and glycerine over the surface, to complete the dressings.

The next day, if there be no disposition for the tent to free itself, we may hope that our desire is accomplished; and even if it has slipped out of the orifice, and exposed no pus or sanies, and the coagulum formed by the zinc be not diffuent, we may still hope for good results, and should repeat the tannin and glycerine dressing without the tent, keeping close watch of the case until it issues in complete recovery, or refusal to return to a healthy state.

If resuscitation of the osseous structure fail us by this treatment, we will then have to deal with a necrosis, by careful removal of all that portion of bone deprived of circulation. This should be effected piece-meal, so as not to unnecessarily enlarge the orifice, thereby preventing the convenient formation of a pocket, for the retention of the coagulum, out of which to secure the new structure. When all the diseased tissue is removed, which is indicated by the peculiar feel of the instrument passing over living bone; and also, by the florid or arterial character of the blood, proceed to wash all debris away, and use the zinc as before, and dress with tannin and glycerine, without a tent.

If the patient present with open sinuses discharging the offensive broken down plasma by which nature attempts to repair the parts, with attacked or free portions of necrosed bone in the cavities, proceed to remove piece-meal and delicately all the fragments of necrosed bone, to the limit of the diseased territory; and if the line of demarkation between living and dead parts be not well defined, proceed as before, to scrape, rasp or burr them down, until the healthy territory is invaded; cleanse, dry, inject with chloride of zinc, and apply the external dressing of tannin and

glycerine, on cotton. Put the patient on supporting treatment; watch with the utmost care, secure cleanliness, in accordance with the foregoing directions, and you will not be disappointed in the expectation of favorable results.

## INSTRUMENTAL DIAGNOSIS.

By PHILIP S. WALES, M. D.,

Surgeon, U. S. Navy.

(Continued from page 6.)

### II. OPHTHALMOSCOPIC CHARACTERS OF THE DISEASES OF THE RETINA.

#### 3. Apoplectic Retinitis, or Apoplexy of the Retina.

Under the inappropriate name of retinitis apoplectica is described in some of the works of certain German ophthalmologists, a pathological condition of the retina, consisting in an effusion of blood into its tissue, of varying quantity and extent. Its position is most commonly found to be in its interior layer where it interpenetrates the textural elements of this part and presents itself under the ophthalmoscope in several different conditions. In other instances the blood makes its way inward toward the vitreous humor, or in the reverse direction to the choroid coat, the tendency being more particularly in the latter direction.

According to SCHNELLER, as quoted by Zander, there are four kinds of blood-spots that may be distinguished. First, punctiform spots, round, ranging from the size of a pin's point to that of a pin's head, scattered over the retina, chiefly in a zone surrounding the optic disk and about twice its diameter, and so superficial that they appear to be situated almost in front of the retina. The second kind are very narrow, slit-shaped, in the erect image about one to one-half lines long and one-tenth of a line broad. The third kind are larger, about half a line long, and equally broad, or broader, and irregularly elliptical or semi-elliptical in outline. The last kind are large irregular patches, from the size of a split pea nearly to that of a silver three pence. They are usually found beside a vein, with the greater part of the spot on one side of it, and a very small part on the other.



The same authority states also that as to position the seat of these effusions is most commonly found to be a zone of the retina, defined by the second and third divisions of the veins. All four kinds are sometimes found together in the same eye, and sometimes only two of them. The punctiform hemorrhage is the most rare, the second and fourth kinds are the most frequent.

To these four forms of retinal hemorrhage of Schneller a fifth may be added, in which the blood is poured out in such quantity as to cover the whole fundus of the eye.

A specimen recently came into my possession in which from a blow upon the eye, an effusion had taken place between the choroid and retina, rupturing the latter membrane, and diffusing itself upon its anterior surface, so as to give the whole fundus a deep red color.

Usually in retinal apoplexy, when one large patch only exists, it will be found about the optic disk, and sometimes even encroaching upon the latter.

The disease is observed in both the plethoric and in the anemic; it sometimes occurs in connection with hypertrophy of the left ventricle, and in those laboring under albuminuria; congestion of the brain, and those conditions which dispose to it, may also be ranked as occasional causes; hyperæmia of the retina, as we have already stated, sometimes produces sanguineous effusions into this membrane; sclerotic-choroiditis has also been recognized as a cause.

There is nothing to guide us in our diagnosis of retinal apoplexy but the ophthalmoscope, as the disease occurs without any special exterior character by which it can be identified. The patient becomes amblyopic or amaurotic, and this may occur suddenly, during the night for instance, the person finding himself blind on awakening.

It often happens that we find in association with retinal apoplexy some form of paralysis, as ptosis, hemiplegia depending upon a coæaneous effusion into some part of the cerebral masses.

The ophthalmoscopic characters are well marked and decisive. As stated above, the blood will be seen either in minute spots, scattered over the fundus of the eye, some-

times so closely packed together as to give the entire field of view a dark-red tint, or in large patches. When the optic disk is involved, as it is sometimes in part or wholly, its identification is difficult, and if the effusion is considerable, impossible; the position of the disk is then indicated by the direction of the vessels only which in ordinary cases may be detected in some part of their course. The arteries, however, become so much obscured by the color of the fundus that they usually escape observation, the veins on the contrary, are enlarged, and easily seen in their tortuous course to their points of emergence. The patches, and markedly those near to and involving the disk, present an appearance of fine red striation, which is determined by the radiating direction of the fibres of the optic nerve.

It is important to study the relative position of the effusions to the vessels of the retina, as upon this is based one of the most reliable diagnostic signs between retinal and choroidal hemorrhage. By the giving way of a retinal vessel the effused blood will occupy a position in the plane of the retina, which may readily be distinguished from blood poured out into the choroid, in a posterior plane and in front of which the retinal arteries must always be.

According to DESMARRES there is even little difficulty experienced in discovering the point of the vessel from which the blood issues, for he states that there, instead of a bright-red patch reflecting light, will be found an accumulation of blackish blood, limited, and manifestly salient, which is always absorbed more slowly and later than the rest of the patch. This accumulation of blood embraces the vessel, and later we can recognize, with the progress of absorption, the precise point of the rupture, which remains clearly visible, especially on account of collection of pigment in its neighborhood.

Still further in the disease, the red patches lose their uniformity of color, and become marked with yellowish lines and dots, which by extension coalesce and finally occupy the whole extent. The papilla becomes again visible, and of its usually normal appearance, except that a slight enlargement of the vessels, and a dull white color of the disk remain.

In less fortunate cases the blood is poured out upon or in the neighborhood of the macula lutea, and the sight is suddenly and forever destroyed by the immediate changes in the retinal tissues, or by their subsequent degeneration and atrophy.

#### 4. Albuminurial Retinitis.

This form of disease is similar to the preceding in there being hemorrhage into the retina; but there is an additional link in the chain of morbid changes characteristic of the constitutional disease of which the retinal disease is but an expression. There is added a textural alteration in the nervous elements of the retina, and in the connective tissue which support and bind them together. This textural change consists chiefly in an enlargement of the fibres of the retina, and in hypertrophy and fatty degeneration in the connective tissue, all of which are undoubtedly connected with a depraved condition of the blood, and mal-assimilation induced by albuminuria, and bearing the same relation with this disease in their manifestation in the structures of the eye, as those changes met with in the kidneys do, and which have been erroneously held by some writers as the disease itself, instead of being considered, as they properly ought to be, as local expressions of a constitutional affection.

The eye presents no exterior alteration in its normal appearance in albuminurial retinitis. The patient complains solely of a gradual diminution of the visual power, the field of which becomes darkened, and frequently undergoes a peripheral limitation.

If the ophthalmoscope is had recourse to early in the disease, the papilla and retinal surfaces will be seen presenting a close net work of injected vessels, rendering them somewhat blurred and indistinct. The retinal arteries seldom undergo any change at this early period; if they do, it is simply diminution in their calibre, though the veins enlarge and run in tortuous paths over the fundus. Close scrutiny will now reveal spots of extravasated blood scattered here and there along the course of the vessels, which in a longer period enlarge and often obscure the latter.

It is at this time, however, that the vessels and, indeed, the whole fundus are rendered more obscure by the appearance of a veil-

like cloud spreading over them, and almost abrogating the distinction of papilla and retina. The obscuration gradually progresses until, in the neighborhood of the papilla and macula lutea, small white spots are at last observed, which enlarge, and meeting at their edges coalesce into large irregularly shaped milk-white patches. The patches, in their further progress, change their color to a yellowish-white, and surround the nerve entrance completely, spreading toward the equator of the globe by a sinuous or deeply dentated borders.

The peculiar groupings of the degenerated retinal tissues about the papilla and macula are characteristic and easily recognizable, unless, as is often the case, the vitreous humor participates in the inflammatory action, and becomes so hazy as to obscure everything beyond.

This is not, however, the consummation of the morbid process, a further step soon, and generally suddenly follows, blood is poured out, first in small spots among the retrogradated, metamorphosed tissues, and finally in larger quantity, until the whole fundus presents a uniform dark-red color; the retina is sometimes separated from the choroid. As to the latter membrane, it could hardly be imagined that it should escape participating in the morbid process. LIEBREICH has seen choroidal changes in the centre of the fundus, but they are always quickly veiled from view by the opacity of the retina in front. However, toward the periphery, he has frequently observed a veil-like cloudiness, and in some places greyish-white spots, over which a thin film is formed, as if from a clear effusion, causing a slight separation of the retina.

The best observers are now at one as regards the question of the peculiar grouping of the retinal changes now described, being pathognomonic of albuminuria, although similar changes have been recorded as occurring in other diseases. DESMARRES gives the histories of two cases of diabetes, in which he thought the ophthalmoscopic characters identical with those of albuminuria.

Retinal changes characterized by retrogressive metamorphosis have been noted in hippuria, benzuria, oxaluria, pregnancy, lactation, and in syphilis, (DESMARRES,

vol. 3, p. 516.) LIEBREICH also describes something of the same sort connected with splenic leucæmia. He observed pallor of the optic disk, which was surrounded by a bordering of turbid and striated retina, rose-colored vessels, and peripheral white spots, similar in appearance to those of albuminuria.

The peculiarities of the localization of the retinal alterations upon the fundus of the eye, a chemical examination of the urine (which should always be made in cases of amblyopia for which no adequate local cause can be assigned), and the history of the case will always enable the surgeon to determine the morbid condition with which the pathological changes in the retina are connected.

[To be continued.]

## Hospital Reports.

PENNSYLVANIA HOSPITAL, }  
March 4th, 1868.

CLINIC OF J. M. DA COSTA, M.D.

Reported by Dr. Napheys.

### Pleuro-Pneumonia.

John P., æt. 45. This patient had an attack of pleurisy six years ago, on the left side, for which he was treated in the hospital. He has since been subject to attacks of pain in the same side. After exposure to cold a week ago, he had a chill, followed by fever and sharp pain in the left side, in the region of the spleen; some dyspnoea, anorexia, thirst, great deal of cough, and muco-purulent sputum, never rusty or streaked with blood. On admission yesterday, his respirations were thirty-two, short and labored; pulse one hundred and twenty; both cheeks flushed; skin hot; urine very much diminished in quantity; tongue dry, and slightly coated; severe pain in the left hypochondrium, not increased by pressure.

The lower portion of the chest anteriorly on the left side is dull on percussion, and this dullness begins on the third interspace. On the right side anteriorly the percussion note is clear, but not so clear as is usual; not of average clearness. There is a marked dullness at the lower portion of the chest, on the left side posteriorly, extending as high up as the spine of the scapula. The vocal vibrations are distinct on both sides; more distinct on the left than on the right. On auscultation, marked coarse friction sound is

perceptible over the whole of the left side; at the lower portion, and at the angle of the scapula, there is also bronchial breathing. There are moist râles at the lower portion of the right side.

This is a marked case of plastic pleurisy. Moreover, as the bronchial breathing and the distinct vocal vibrations indicate, there is a certain amount of superficial pneumonia attending the pleurisy. This occurs in a very weak man, who has had attacks of this kind repeatedly.

This is not a case for bleeding for ordinary active antiphlogistic treatment. The man's history and condition both forbid such procedure. A sustaining treatment is indicated. He will take eight grains of quinine a day, with a liberal supply of eggs and beef-tea, and three ounces of whisky, in the twenty-four hours. Large poultices will be kept on the left side; and he will take in addition three grains of iodide of potassium, with two drops of deodorized tincture of opium in a desertspoonful, each, of neutral mixture and mixture acaciæ. The object is to support the man, while acting upon the pleuritic affection, by the absorbing influence of iodide of potassium, added to a diaphoretic and somewhat diuretic mixture.

This is not the course of treatment which should be followed, were it not for the circumstances of the case. If this condition happened in an active, vigorous person, wet cups would probably be employed, and a mercurial preferred to the iodide of potassium, in order to bring about an absorbing and alterative influence.

### Spinal Meningitis.

Ann McS., æt. 36; married for sixteen years; never had any children. She has been in the hospital since January 1st. She comes of healthy parentage, and was a strong and healthy woman until four years ago, when she went to Canada in the spring of the year; wore clothing unsuited to the climate, and lived in a damp house. While in Canada she was attacked by a wearing, aching pain in the right side, just below the short ribs, which gradually passed around to the lower portion of the back, where it became fixed. Shortly after this she appears to have been subject to cholicky pains in the abdomen, but otherwise to have enjoyed average health. During a period of three years there seems to have been a gradual loss of power in the lower limbs. This advanced almost imperceptibly, but at last, in May, 1867, she was obliged to go to bed, and has been unable to leave it since. She is of the opinion that sensation was not in the least impaired at the time at which she first noticed the loss of power in the limbs, nor was

there any irregularity in urination. Within three weeks of the time she was obliged to go to bed she became constipated, and this has been one of her chief troubles. Her urine has never passed unnoticed, but since June, 1867, it has passed at times almost involuntarily. She has had no pain in the lower extremities before admission. Until within the last month the pain in the lumbar region on both sides persisted. This pain was always increased by any attempt at exercise. The power of motion in the lower limbs was gradually lost from below upward, the motion of the toes being first affected.

When admitted into the hospital, on the first of the year, she had marked convulsive movements of the lower extremities, causing considerable pain. In other respects her condition at present is similar to what it was on admission.

She looks well; her nutrition does not seem to have suffered materially from this lesion. Tongue slightly coated; appetite not now very good, but it has been fair. She has no affection of the throat. The urine passes from her now involuntarily. She knows she is going to pass it, but cannot prevent its passage. There is, therefore, some loss of power in the sphincter muscles of the bladder. She has no movement, unless she takes some laxative medicine. There is no impairment of motion or sensation in the arms. The pain in the back has passed away during the last month; there is now no pain at all in the back; nor is there any tenderness along the spine. Her lower limbs are kept almost constantly drawn up. On tickling the sole of the foot, the muscles move; she tries to withdraw her foot from the point of irritation, but has not the power. She says, however, that the sensation of tickling is not distinctly felt by her. Besides these phenomena, there are constant spasmodic movements of the muscles of the legs and thighs. She cannot move either leg, but can move the toes slightly. Sensation is good along the legs everywhere, although, on testing it accurately with the sensibility measurer, it is not found as perfect below the knee as above. Sensibility, though not lost, has become somewhat impaired from the knee downward. Electro-muscular contractility muscles of the legs is preserved, and also everywhere on the thigh; this corresponds with the result obtained a month ago. Electro-muscular sensibility also is good. She has a great deal of pain now in the legs, both day and night. It is generally relieved by the opiate she takes at night, but returns in the morning. It exists independent of the jerking of the muscles. What

is the lesion upon which this paraplegia depends?

This woman has spinal meningitis, and irrespective of the spinal meningitis, she has now an affection of the superficial portions of the cord itself. It is quite evident from the history, that the case commenced as one of spinal congestion and slight spinal inflammation. Exposure to wet and cold in a healthy woman, was followed by pain in the back, lasting for sometime, and very likely looked upon as rheumatic. The pain was followed by partial loss of power of motion, giving a clear and distinctive history of spinal congestion or inflammation, and particularly of spinal inflammation of the membranes. This train of symptoms is not at all uncommon in soldiers who sleep on damp ground. Are the subsequent symptoms confirmatory of the diagnosis of spinal meningitis? Most assuredly; the very fact of there being frequent contractions of the muscles is in favor of this view. The fact of the palsy being at first incomplete, and gradually becoming more complete, is a strong point, because in inflammation, and softening of the substance of the cord itself, there is not partial palsy becoming worse and worse, but complete palsy almost from the onset. As a rule, pain in the back exists more markedly in spinal meningitis than it does when the cord itself is affected. As a rule, this pain is apt to be increased by pressure in meningitis. It is true this is not now the case with this patient, but it has been until within a late period. Is the absence now of tenderness in the back and of much spinal pain to be looked upon as a favorable symptom? On the contrary, it is unfavorable, unassociated as it is with any improvement in the power of motion, indicating that the cord itself is becoming implicated. Partly from this, and partly because that the palsy is becoming more and more marked, it is evident that the disease is no longer limited to meningitis, but that the superficial portions of the cord have become involved. That the whole of the cord has not become affected, is shown by the fact that the electro-muscular contractility is tolerably well preserved; whereas, it is known that when the deeper portions of the cord are involved, electro-muscular contractility is lost. The case is, therefore, one of spinal meningitis, in which the superficial portions of the cords have become affected.

In regard to the treatment, she at first took iodide and bromide of potassium. This was continued for a time, and then, in the hope of stimulating the cord itself to action, exchanged for ergot, in small doses, with belladonna to



relieve the pain and spasmodic contraction. Neither of these remedies produced any good effect. Counter irritants were also employed. Tartar emetic ointment was used, without any decided influence. The only medicine which allays the muscular contractions and paroxysms of pain is opium. Besides the use of opium to relieve pain and spasm, she is now taking cod-liver oil. She has also been placed on full doses of bromide of potassium, thirty grains *ter die*, in the hope that by its sedative influence it may relieve contractions, and partly affect the meningitis. From time to time, active counter irritation will be employed, so long as it does not give rise to erysipelatous or gangrenous inflammation.

The English physicians, in treating the pain which is here so prominent a symptom and the spasmodic contractions, are very partial to chlorodyne. If the opium in this case should lose its effect, chlorodyne will be employed.

## Medical Societies.

### VERMONT MEDICAL SOCIETY.

Reported by L. C. Butler, M. D., Essex, Secretary.

The semi-annual session of this Society was held at Windsor on the 10th and 11th days of June. President C. P. FROST, of Brattleboro, presided. Delegates were present from the Medical Societies of Massachusetts, Connecticut, Rhode Island, New Hampshire, and Connecticut River Valley. Professor DIXI CROSBY was present from Dartmouth Medical College; Dr. S. T. BATES, from Malone, N. Y.; Dr. HARLOW, from the Maine Asylum for the Insane, Augusta, Me.; Dr. CRARY, from Hartford, Conn.; Dr. MILLER, from Fitchburg, Mass., and others, natives of Vermont, all of whom were invited to participate in the deliberations of the Society.

Before proceeding to the regular business of the session a telegram from the Rhode Island Medical Society, then in session, was read, and Dr. E. E. PHELPS was appointed a committee on behalf of the Vt. Medical Society to reply to the same. (See REPORTER for June 20.)

A communication was read from the editors of the *Vermont Record and Farmer*, relative to the enforcement of the law of the State against Criminal Abortion, urging the members of the Society to follow up the good beginning they had inaugurated. A committee of one, for each county in the State, where newspapers are published, was appointed to take such action in the matter as may be necessary. The design in

appointing this committee is to bring to the notice of the publishers of newspapers in the State, the advertisements which are understood to be prohibited by the law, and to appeal to them as good citizens and moral men, to suppress their publication.

The communication gave rise to some discussion, which was participated in by Dr. CRARY, of Connecticut, who spoke of the law against Criminal Abortion in his State as being evaded in numerous ways; by Dr. MILLER, of Massachusetts, who stated that no conviction under the law of his State had ever taken place within his knowledge. The moral sentiment of the people must be educated in order to make such laws of any value; by Dr. BROWN, of Rhode Island, who spoke of the similar law of his State, as being effectual in suppressing the advertisements of the infamous business, but only operative as a rod *in terrorem* over the abortionists; and by others, who related cases illustrating the frequency and bad effects of criminal abortion, and the difficulty of reaching the infamous practice by the arm of law.

A communication was received from the Superintendent of the Vermont State Prison, through the Chaplain, Rev. F. BUTLER, extending to the members of the Society any civilities for the inspection of that Institute, of which they might choose to avail themselves.

The hour of 8, A. M., Thursday, was set apart for that purpose, and at that hour the members of the Society, with their guests, repaired to that receptacle of thieves and murderers, and duly inspected the manufacture of scythe swathes carried on extensively there. The convicts are nearly all employed in the various branches of that business; each having a particular item of the process assigned to him. And all seemed to work diligently under the regulations recently adopted in this prison, at the suggestion of the chaplain, by which prisoners behaving themselves properly during any month, have a deduction of a given number of days from the length of their sentence.

Dr. MCCOLLUM, of Woodstock, presented a case of *invagination of the intestines*, in which some six inches sloughed away. Dr. CROSBY mentioned a case in which seven feet of the intestines thus passed away by sloughing, and raised the inquiry whether the large proportion of cases of colic were not in fact inverted peristaltic action. Dr. WHITE detailed a case in which three feet of intestine was removed by sloughing, and the person lived three years afterward. Dr. HUNT introduced a patient

afflicted with lupoides for inspection, illustrating the use of quack remedies. The first application made produced sloughing of integuments, and resulted in caries of the cheek bone, producing a sad deformity, which would require an extensive operation to remedy.

Dr. E. E. PHELPS, of Windsor, presented before the Society Latta's fracture splint for the long bones; the peculiar excellency of which, he suggested, was the method of producing extension and counter extension by means of a screw.

Dr. WHITE, of Tunbridge, presented an instrument which he termed a *therapeutic catheter*, by means of which remedies can be readily applied to the prostrate gland, or urethra, in cases of spermatorrhœa gleet and the like. The instrument consists of a small bit of sponge attached to a stilette, concealed within a jointed catheter. When closed it has the appearance of an ordinary catheter. When introduced the separation of the joints leaves the sponge conveying the remedy in contact with the diseased part, which again being closed is easily withdrawn.

Dr. WHITE also exhibited a set of graduated dilating probes, which he had used for dilating the lachrymal and nasal ducts, for the cure of stricture or closure of those canals, without inserting the style in the usual way. The process he described as somewhat tedious and protracted, but always effectual, leaving no deformity as the result of the operation.

The evening was devoted to the discussion upon the subject of *Puerperal Convulsions*, in which the members and delegates generally participated, exhibiting little difference of views in regard to its pathology, but a wide variation in treatment and in results of treatment. Some considered bleeding to be the sheet anchor, others had no confidence in it whatever. Some used nitric acid, largely diluted, and had been successful. Some had employed anesthetics with good results; others had seen no permanent benefit from their use; the convulsions continued notwithstanding their use. Some had great confidence in citric and benzoic acids, others in bromide of potassium, others in calomel and saline cathartics, others in the use of veratrum, digitalis and the application of ice to the spine, and others suggested the induction of premature labor, where convulsions were reasonably apprehended, thereby saving the injury to the brain. As a climax to the discussion, and as solving the problem of the wide difference of opinion, a blood-letting Dr. RUSS, of Pomfret, a practitioner of the old school, of long and wide experience, remarked that he was an advocate of bleeding in certain cases, but

nervous, irritable people, in some localities, did not bear bleeding, whilst those living among the mountains of Barnard and Rochester required it.

During the session of Thursday, Dr. PHELPS directed the attention of the Society to a method of practice now under discussion, and somewhat in vogue among the German therapeutists, which is denominated the *Positive Therapeutics*. Only remedies of a positive character, such as nux vom., verat., bromides, etc., etc., are used, and those in small doses, long continued; the object being to bring the system under their influence gradually. Large doses produced rapid effects, small doses, longer continued, produce better effects, and equally positive results. The system undoubtedly contains a hard philosophical principle, which it behooves the profession in these days of homœopathic humbuggery to examine, and adopt, if it be of value. The homœopaths will, no doubt, seize upon this principle as a stepping stone to let him down from the ridiculously untenable position he now occupies, unless he finds it already adopted by the scientific men of the regular profession.

Dr. E. E. PHELPS, of Windsor, read an able and interesting paper on the subject of *Inflammation, considered in the light of the cellular physiology and pathology*, which was referred to the Committee on Publication.

Dr. M. GOLDSMITH, of Rutland, presented an elaborate paper on *Pyemia from gunshot wounds*, giving facts and deductions gathered from his own personal observations in the hospitals under his charge during the war, which was also referred to the Publishing Committee.

Dr. GOLDSMITH's paper overturns the commonly received opinions and theories upon this subject, and gives a thrilling description of the horrors of that disease in the camp and hospital.

After a very pleasant and profitable session, the Society adjourned.

#### MAINE MEDICAL ASSOCIATION.

The annual meeting of the Maine Medical Association was held in Portland June 17th, Dr. CRYUS BRIGGS, of Augusta, in the chair as President for the preceding year. The meeting was largely attended, and the proceedings were of great interest. The following officers were unanimously elected for the ensuing year: President, I. T. DANA, Portland; Vice-Presidents, H. L. K. WIGGIN, Lewiston, A. F. PAGE, Bucksport; Recording Secretary, EUGENE F. SANBORN, Bangor; Treasurer, THOS. A. FOSTER, Portland; Standing Committee, Wm. Swasey, Limerick; A. P. SNOW, Winthrop; B. F. Buxton, Warren; S. H. Weeks,

Portland, L. W. Pendeton, Belfast. The oration was delivered by Dr. FULLER, of Bath. Subject, "Habits of thought necessary to Greatness." The Committee on Necrology reported the deaths of Dr. ISAAC LINCOLN, of Brunswick; Dr. A. F. STANLEY, of Winthrop, and Dr. McLELLAN. It was voted to raise a Committee of three to visit the Hospital for the Insane, and report its workings to the Association. The chair appointed Drs. Manson, Harrison and Day, as said Committee. Dr. Wiggin presented a resolution favoring the removal of the Maine Medical School from Brunswick to Portland, which was advocated by Drs. Dana, Day, Snow and Jewett. Several interesting reports on scientific subjects were discussed.

### MEDICAL SOCIETY OF HARTFORD COUNTY, MD.

Reported by the Secretary.

The regular quarterly meeting of this Society was held in Bel Air on the 12th of May.

There was a very fair attendance of members.

The minutes of the previous meeting were read and approved.

The reports of Committees being called for. Dr. LEE, Chairman of the Committee appointed to memorialize the County Commissioners for the appropriation of a sum of money to be set apart for the payment of physicians for some part of their services rendered out-pensioners, or those who were supported by the country outside of the almshouse, stated that the Commissioners had returned the application with the indorsement, "Action on the within application deferred for the present." Dr. Forwood said that there was no class of men who so constantly contributed their time, their services and skill, to say nothing of their medicines, which are now taxed so unjustly, and often money from their pockets for procuring suitable articles of diet for the patient, as physicians.

Dr. VIRDIN now read a paper on Typhoid Fever. At its conclusion, Dr. LEE moved, and it was carried, that the thanks of the Society be tendered to Dr. VIRDIN.

Various points of the lecture were then discussed at considerable length, eliciting much valuable information from nearly all the members present, regarding the proper treatment of this dreaded disease. Dr. VIRDIN's views were, in the main, corroborated and sustained. Dr. THOS. C. HOPKINS and Dr. SILVER referred to a disease which prevailed in Bell Air some years ago, and for the want of a better name, it was called from the locality the "Bel Air Fever." These gentle-

men were of the opinion that it was only an aggravated type of typhoid fever, simulating the typhus form.

With the understanding that Dr. JOHN EVANS would contribute a paper on Surgical Cases at the next meeting, a motion was made to adjourn. Dr. SILVER remarked that before the motion was voted upon, he would like to say that he would be happy to have the next meeting of the Society take place at his house; and he hoped that every married member would be accompanied by his wife. The invitation was unanimously accepted, and the Society then adjourned.

### SULLIVAN CO., N. Y., MEDICAL SOCIETY.

This Society met at the hotel of R. B. TOWNET, in Monticello, June 10th, and elected the following officers for the ensuing year: President, Dr. B. G. McCABE; Vice-President, Dr. J. H. F. MILTON; Secretary, Dr. DAVID MATHEWS; Treasurer, Dr. ISAAC PURDY; Delegate to the State Medical Society, J. L. LA MOREE; Delegates to the American Medical Association, Dr. W. L. APLEYAND, and Dr. J. D. WATKINS.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Treatment of Ascarides.

A correspondent of *The Lancet*, Mr. JOHN TATHAM, of Sunderland, in answer to an inquiry as to the treatment of *ascaris vermicularis*, suggests the following: First, empty the intestine as thoroughly as possible by injecting with warm soap-and-water; then (supposing the patient to be a child of five or six years of age), throw into the bowel two drachms of tincture of iron, dissolved in two or three ounces of very strong infusion of quassia, and repeat it at intervals of two days if necessary. The state of the general health must be improved, and the vitiated mucous secretion of the intestine, in which the worms burrow, be dislodged by a few grains of calomel at bed-time, followed by a dose of salts in the morning. Afterward tonics, as the syrup of the phosphate of quinia, strychnia, and iron, will most likely be required.

Another—Dr. DOUGLAS A. REID, of Pembroke, says "I have found the following treatment have an immediate beneficial effect: Tincture of perchloride of iron (B. P., 1867), five drachms; infusion of quassia, fifteen and a half ounces; mix; two tablespoonfuls to be taken three times

a day. Two drachms of tincture of perchloride of iron to be used as an injection, in half a pint of thin starch every third night."

Still another; Dr. R. F. SCOTT, of Barking, Essex, says, "The most prompt and effectual relief for ascarides is the best olive oil, one tablespoonful at bed-time, with jalap powder and scammony in the morning; doses according to age. I have treated many cases in this way, and have never known it to fail. The dose given twice a week will be quite sufficient."

#### New Mode of Treating Conjunctivitis.

Mr. SPENCE WATSON exhibited at the Medical Society of London, some discs composed of coconut butter, mixed with tannin and other astringents, for ready application to the conjunctiva; passed beneath the upper eyelid, they melt, and diffused over the whole conjunctival surface, they possess many advantages over lotions; and cases of pannus with granular lid have been much benefited by such treatment.

## Reviews and Book Notices.

### NOTES ON BOOKS.

A praiseworthy work for a physician to undertake who were possessed of abundant leisure and some literary taste, would be to write a bibliography of all the important books and essays which have appeared on medical science,—say for the last twenty years. It should include both English and foreign publications, and would be much enhanced in value by the addition of brief—but *very* brief—critical notices. Once before we referred to what ADOLPH BÜCHTING, a German bookseller in Nordhausen was doing in this respect for his own country. We now give the full list of his catalogues.

Bibliotheca Odontiatrica.

Bibliotheca Otiatrica.

Bibliotheca Psychiatrica.

Bibliotheca Ophthalmiatrica.

Bibliotheca Gynæcologica et Obstetrica.

Bibliotheca Balneologica et Hydrotherapeutica.

They are sold separately, at about eight groshen—about twenty cents—each, and comprise all the works which have appeared in Germany on these various specialties, during the period 1847—1867. An index of subjects is added to each catalogue, and the price of each work is given. It is an important contribution to medical bibliography.

Dr. JANVIER, of this city, lately showed us a curiosity in medical literature—the original edi-

tion of Sir ASTLEY COOPER'S Lectures on Surgery. London, 1829. These lectures were taken in short hand, and printed by an enterprising firm, without the baronet's consent, and greatly to his disgust. When he learned of his students that there was a chiel among them taking notes, and that, faith, he would print them, he even lectured in the dark, but by some hocus-pocus the stenographer outwitted him. The lectures are well reported, and make a most readable volume, of 637 duodecimo pages. It might be worth the attention of booksellers, whether a new edition would not be opportune.

Not long since we directed attention to the craniological studies of Prof. J. AITKEN MEIGS. We have now to mention a very valuable contribution to the same department of science, by Professor JEFFRIES WYMAN, of Harvard College, entitled *Observations on Crania*. It discusses the measurement of skulls, the position of the foramen magnum, crania from the island of Kauai, crania of Tskutshi, synostotic crania, and closes with some remarks on the Neanderthal skull. It is a pamphlet of 34 pages, and is republished from the Proceedings of the Boston Society of Natural History, Ap. 1868.

It is marked by the same thoroughness and method which characterize the other labors of that distinguished anatomist.

The first edition of the celebrated work of STELLWAG VON CARION on the Eye, translated by Drs. HACKLEY and ROOSA, we are glad to learn, has been exhausted. This speaks well for the appreciation of first class scientific works by the profession. A second edition is in preparation, which, no doubt, will be received with still greater favor.

Even in further India, sound doctrine is in the ascendant. An English journal notes that a native Zemindar of the Madras Presidency has offered a prize of 500 *rupees* for the best medical work in Tamil—a sign of the times.

Of late publications in Paris may be mentioned Prof. PAUL BROCA'S "Researches concerning a New Class of Tumors called Odontomes," which are those tumors on the teeth, sometimes, though erroneously, called dental exostoses; Dr. A. RACIBORSKI'S "Treatise on Menstruation, its connection with Ovulation, Fecundation, the Hygiene of Puberty, and the Critical Age, its Action in Different Diseases, its Irregularities and their Treatment," with two chromo-lithographed plates, 12f.; and Prof. MILNE EDWARDS'S "Lectures upon Comparative Physiology and Anatomy," (9th vol., first number.)



A useful paper by Dr. J. V. P. QUACKENBUSH, Professor of Obstetrics in the Albany Medical College, has lately appeared in a pamphlet form, (24 pages, with plate.) It is on Pelvic Presentation, with the Spontaneous Evolution of the Fœtus, their mechanism and treatment. The object of the author is to bring to view the difference between a shoulder presentation and its management, and that presentation after the child has left the uterus and lies impacted in the pelvis. In the one case, he concludes, version is necessary and proper; in the other, it is dangerous and improper.

We acknowledge from Mr. N. A. APOLLONIO, Registrar of Boston, City Doc. 65, being his Report of 1867, of births, marriages, and deaths. That city continues to show that the children born of foreign parents are in the proportion of more than two to one, compared with the children of native parents. No doubt, as he observes, these figures "bear an unpleasant aspect," but we have not yet seen proof to connect them with any peculiar immorality of the native citizens. The Report calls attention to two difficulties in the way of the statistician, to which we are glad to give prominence. "One is the most ridiculous custom of adopting some nonsensical appellative in lieu of a proper given name, and insisting on its being recognized on any and all occasions. If parties may be credited, none are now named Ellen, Catherine, Elizabeth, Caroline, and Louisa; but in their stead we have Nellie, Kate, Lizzie, Carrie, and last, and most silly of all, Lulu." But, most respected Registrar, are all those tender sentiments, and that fine rhetoric which Victor Hugo, in "Les Misérables" has spent on "pet names," to go for nothing then? With the other complaint we have more to do. It is of our own profession. It seems that one physician filled his certificate of deaths thus: "Very uncertain whether fried ham, scarlet fever, or Bologna sausage." Another says: "Cholera, or something else,"—charmingly definite, and eminently satisfactory. Another says: "Died suddenly." Quite a number, with the succinctness of the preceding, and certainly without any exuberance of words, said, "Fits." No doubt they thought these entries very funny. But to us they seem very poor fooling, and we echo the question of the registrar, "What ought to be thought of those making such returns as above specified? If the cause of death were unknown in these cases, why not express it, without attempting to cast ridicule upon the subject, which the law-makers have certainly considered of so much importance as to made it one of frequent legislation?"

"Menstruation and the Menstrual Flow; and Epiphenomenon of Ovulation," is the title of a pamphlet of 59 pages, by Dr. G. M. B. MAUGHS, Professor of Obstetrics in the Humboldt Medical College, St. Louis. It is argumentative in character, going to show that the menstrual flow is an important, but not an invariable concomitant of ovulation, and that it corresponds in cause and phenomena with the rutting period of lower animals. The points are well argued, with close and extensive reading, but when the author leaves his legitimate topic to make the following statement, he puts himself in the light of a *sutor ultra crepidam*: "So entirely is the great work of reproduction the end and aim of the female organism, that every charm which she possesses, either physically, *morally*, or *mentally*, is the result of her ovarian force," (p 56.) This is bad grammar, and worse logic.

**Lectures on the Diagnosis and Treatment of Functional Nervous Affections.** By C. E. BROWN-SÉQUARD, M. D., F. R. S., etc. Part I., 8vo., pp. 89. Philadelphia: J. B. LIPPINCOTT & Co. 1868.

The author in this work proposes to give a practical history of the diagnosis and treatment of neuroses, based on clinical observation, and in the light of the latest discoveries in physiology and therapeutics. The work will be in three parts, each complete in itself. The first part is taken up with general remarks on the causes, diagnosis, and treatment of neuroses; the second will treat of the history of each of the purely functional nervous affections; while the third will describe the vaso-motor and nutritive neuroses, and the functional nervous affections due to syphilis, rheumatism, diseases of the kidney and liver, alterations of the blood, etc. The other parts are promised soon, and we defer a more extended notice until they shall have appeared.

**Einige Experimente an dem Blutgefäss System der Säugethiere.** Von Dr. C. H. HERTWIG, Professor an der König Thierarzneischule in Berlin. Berlin: AUGUST HIRSCHWALD, 1868.

Dr. HERTWIG here details an admirable series of experiments performed on the lower animals to test the sensibility of the heart to traumatic impressions, on the rhythm of the cardiac motions, on the arterial pulse, on the suction power of the heart, and on power of absorption of the veins. The conclusions at which he arrives are of great physiological importance, and his experiments are lucid and decisive to an unusual degree. All interested in such studies should consult his pages.

## Medical and Surgical Reporter.

PHILADELPHIA, JULY 11, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief as possible* to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### THE TARIFF ON DRUGS.

That business which the Hon. Mr. BUTLER lately referred to in the House of Representatives with such a sneer—that of “modifying taxes”—however distasteful to the gentlemen there assembled full of longings for the huskings and the stump, is one of most vital importance to our over-taxed, and unequally taxed commercial men. We wish particularly to ask attention to this inequality in a matter that concerns our own profession—the drug trade.

At the last meeting of the Free Trade League, Mr. D. C. ROBBINS, of the firm of McKesson & Robbins, took occasion to show how unfairly and how ignorantly the tariff oppressed this branch of the mercantile community, and from his valuable address we extract a few of the facts he brought forward. Comparing our own with other countries, it appears that the average duty on druggists' materials in Europe is two and a half per cent.; in France it is less, and in the Zollverein it is under two per cent., while in England drugs are all free, except a few articles of luxury. In this country the average duty on drugs is twenty per cent., and including all articles, fully twenty five per cent.

One effect of this exorbitant tax is to drive from us a large share of the South American trade. From the remotest ages of commerce the trade of tropical countries has been a principal source of riches to the commercial nations. Here are forty millions of people at our doors, mostly in tropical climates, with

whom our commercial relations should be most intimate, and yet we let them go to European countries.


In fact there is no class of crude goods so heavily taxed as the drugs; yet they are undoubtedly those that should be least subject to a high tariff, because they are essential to the health of the community and the effectiveness of the nation. So far from these considerations having any weight, the precise reverse is the case.

The American tariff is specially remarkable for the prominence it gives to drugs. Out of two thousand eight hundred and eighty articles taxed, nine hundred and fifty-five are drugs.

Our tariff is a bundle of contradictions and absurdities beneath criticism. There is nothing like classification, either scientific or business-like, and no arrangement except alphabetical, in which substantives and adjuncts by turns take precedence. The list begins and ends with drugs. It is an odd jumble of everything but ideas. All sorts of articles are placed in all possible connections. ‘Bitts, carpenters,’ is followed by ‘Bitter Root,’ and a little further on we have ‘Colocynth’ and ‘Coloquintida,’ the most common and the most obsolete names for the same ‘bitter root.’ We find duplicate enumerations in abundance; and sometimes the same article is mentioned at least five times under different names, with sometimes different rates of duty.

Thus, we have ‘Cutecher,’ or ‘Cutch,’ as ‘Gambia,’ as ‘Gambier,’ and as ‘Terra Japonica’—all names for a most valuable article, which, for its great use in tanning and dyeing, ought to be admitted free of duty.

We do hope that the gentlemen who are chosen and paid to do our law-making for us, will not consider it beneath their dignity to “modify taxes” a little longer, until such manifest ignorance and injustice are remedied.

[ Readers of the REPORTER are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under “Communications received.”]

## Notes and Comments.

### The Fungi of Favus.

At a recent meeting of the Clinical Society of London, Dr. HILTON FAGGE exhibited three patients affected with Parasitic Disease of the Nails. These cases were rare, but had an important bearing on the question of identity or non-identity of the vegetable parasites of the skin. The first case was that of a child aged 11, who had for some years suffered from very severe favus in the head and limbs. The disease of the nail, however, had only commenced about three weeks before she came under observation. The tuber and spores of the fungus gradually penetrated the substance of the nail till they reached its root; the lamina of the nail then became loose, and was thrown off. The affected part of the nail was of a sulphur-like color, and when the lamina had been removed, the bed remained covered with an irregular striated mass of nail-substance, of a yellow or a brownish hue. This appearance was precisely that of the diseased nails on the other two children, and on microscopic examination they too were found to present sporules and beaded tubes, as of achorion. These two children, who were sisters, displayed no cups nor masses of favus on the scalp or on other parts of the body. Dr. FAGGE regarded the cases as affording strong confirmation of the view maintained by HEBRA and by Dr. TILBURY FOX, that the fungi found in the different forms of favus are in reality mere varieties of one microscopic plant.

### Infant Mortality.

Our readers may think that we are given to tedious iteration on this subject. But we deliberately intend to utter our *Ceterum censeo* with a perseverance worthy of the Roman himself. We clip the following from a leading English medical periodical, knowing that it is just as applicable here as there:

"A strict investigation of the circumstances attending the waste of life among children, especially in our cities and towns, would probably lead to important discoveries; at any rate, it would profitably repay far greater attention than is now given to those circumstances, and would most likely result in the suggestion of remedies for the evils known to exist. 'There is,' says Dr. FARR, 'no doubt, great negligence on the part of parents, great ignorance of the conditions on which health depends, and great privation among the masses of the poor; but there is no reason to suspect that any great number of infants fall victims to deliberate crime; yet the children of the idolatrous tribe who passed them through the fire to Moloch scarcely incurred

more danger than is incurred by the children born in several districts of our large cities.'"

### Fiske Medical Prize Questions.

The Trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, held in Providence June 10, 1868, gave notice that no awards had been made on the questions proposed by them the past year.

They offer the following subjects for 1868:

1st. Bromides, their physiological effects and therapeutical uses.

2d. Cerebro-Spinal Meningitis, pathology and treatment.

3d. "Grave's disease," (so-called,) pathology and treatment.

4th. Carbolic Acid, its therapeutical effects and hygienic uses.

For the best dissertation on each of these subjects they offer a premium of one hundred dollars.

Every competitor for a premium is expected to conform to the following regulations, viz:

To forward to the Secretary of the Fiske Fund Trustees, on or before the first day of May, 1869, free of all expense, a copy of his dissertation, with a motto written thereupon, and also accompanying a sealed packet, having the same motto inscribed upon the outside, and his name and place of residence within.

Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title and interest in and to the same, for the use, benefit and behoof of the Fiske Fund.

Letters accompanying the unsuccessful dissertations will be destroyed by the Trustees, unopened, and the dissertations may be procured by their respective authors, if application be made therefor within three months.

Address,

S. AUG. ARNOLD, M. D., Providence,  
Secretary of Fiske Fund Trustees.

### Specialism.

A recent number of the *British Medical Jour.* clips two advertisements from the *Boston Medical and Surgical Jour.* referring to the special educational advantages which certain medical gentlemen of that city announce themselves as ready to give. Our English cotemporary dryly remarks: "They are recent developments of free trade in teaching, and as such will recommend themselves to many minds." As one of the gentlemen interested has taken occasion to thank us for the comments we have from time to time written on specialism, he will doubtless be grati-

fied to observe this similar gratuitous notice in our mother country.

#### Enforced Medical Attendance in Prussia.

The two hundredth section of the Prussian penal code is this: "Medical men who refuse their services in cases of urgent danger, without sufficient reason, shall be fined from twenty to five hundred dollars." A petition has been presented to the Council of the North German Bund to do away with this section. It has been found to give occasion to many unjust and annoying accusations, and while an unscrupulous physician can always coin a "sufficient reason," and thus evade the law, worthy men suffer from injurious attacks. We hope, with the editors of the *Allgem. Med. Central-Zeitung*, that it will be repealed.

#### A Merited Tribute.

Dr. W. MARSDEN, of Quebec, has been presented an address and a testimonial by a body of his most distinguished fellow-citizens, in recognition of his long-continued and successful efforts in propagating sound principles on the doctrine of contagion and infection in pestilential diseases, and especially in relation to quarantine and isolation in Asiatic cholera.

The testimonial which accompanied the address consisted of an elegant silver porte-monnaie, manufactured to order by P. Poulin & Son, and contained six hundred and fifty dollars, with an appropriate inscription.

The recipient made a suitable acknowledgment in a brief letter of thanks.

Subsequently, the Bishops of Quebec and Montreal, presiding at the convocation of Bishop's College, conferred the degree of Honorary A. M. on the worthy Doctor.

#### Infant Mortality.

A late number of the *London Times* says that in the year 1867, 43 per cent. of those who died in the eight principal towns of Scotland were children under five years of age. But this mode of calculation gives no correct idea of the mortality of children; it is necessary to compare the deaths with the number living and liable to death, and this has been done. In Perth, then, the mortality was 50 per thousand of the total number of children under five in that city; in Aberdeen, 63 per thousand; in Paisley, 79; in Edinburgh and Greenock, 87; in Leith, 88; in Glasgow, 96; in Dundee, 106. The returns of several years show that of these eight towns, Aberdeen and Perth are the most favorable to infant life; Dundee, Glasgow, and Greenock most fatal to it.

#### Official Cholera Inquiry.

Under instructions from Government, the Inspector-General of the Medical Department, Bengal, has lately issued a circular to the Deputy Inspectors-General of Hospitals, Lower Provinces, desiring them to obtain from all medical officers, European and native, serving under Government, whose experience is the greatest, their opinion of the treatment of cholera in its various stages, and the various conditions and circumstances under which it generally occurs. The Inspector-General has also desired that the opinions of the medical officers consulted on this important subject should be supported by thoroughly reliable facts.

## Correspondence.

### DOMESTIC.

#### Cæsarean Section.

EDITORS MEDICAL AND SURGICAL REPORTER:

In reply to the article, "Propriety of Cæsarean Section," I would say, had I been called in that case, I should have proposed the Cæsarean operation as soon as I should have ascertained that the anterior-posterior diameter did not exceed two inches; provided that the contractions were of an expulsive character, as the uterus would be more likely (I should think) to contract after the operation than, before the pains are of a bearing-down character. I would have everything in readiness, and when the proper time should come, I should proceed in the manner following: Anæsthetize the patient, after placing myself to the right of her, whom I would have placed on her back, with her limbs slightly flexed; I should make, with a convex bistoury, an incision six or seven inches in length, commencing at the umbilicus, and passing toward the pubes. This first incision will lay open the abdominal cavity, and consequently expose to view the peritoneal covering. This membrane should be cautiously incised below, so as to enable the introduction of the index finger. I should then carry a probe-pointed bistoury along the fore-finger, for the purpose of incising the peritoneum to an extent corresponding with the external opening. I should have two assistants on the left side of the patient, to steady the uterus as soon as it was laid bare; and also to prevent the protrusion of the intestines; if the protrusion should occur, the intestines should be gently compressed and replaced with a soft warm sponge or sponges.



The peritoneum being divided, I would divide the uterus carefully, not with one stroke, but gradually, so that the membraneous sac (if it should be preserved) be not too suddenly opened, nor the foetus involved in the incision. Should the head be near the opening, seize it gently by placing the index-finger below the maxillary bones, and employ proper tractile force; if, on the contrary, the breech be there, withdraw it first; if any other part or surface of the foetus present itself at the opening, seize the feet, and thus deliver the child. If the placenta did not come away in five or ten minutes, I should introduce the hand and remove it, being careful not to leave any coagula or any portion of membrane in the uterus. I describe this vertical incision, because there are no vessels exposed, and consequently no hæmorrhage. If hæmorrhage occurs in the incision of the uterus, the bleeding can be readily stayed by an assistant placing his fingers on the orifice of the uterus, which will soon contract, and reduce the orifice to one or two inches. For the purpose of closing the wound in the abdomen, the interrupted suture should be employed; adhesive strips should be placed in the intervals of the suture, and care taken to leave the lower extremity of the wound open to offer escape of matter, etc. As soon as the wound is closed with sutures, etc., the whole should be covered with linen, spread with simple cerate.

In the case given in No. 22 of the REPORTER, it is not stated whether the pains were of an expulsive character or not, when the head was taken away by piece-meal. I think if they had been, the child could have been delivered (without breaking up its head, and thus have saved the woman much injury that she must have received whilst the cranium was being torn away from her) by simply letting out the brains. It was stated that the uterus was so tightly contracted around the neck of the child after it was decapitated, that there could be nothing more done, and on the next morning it was found to be relaxed, when the child was forcibly taken away by traction. And now, the idea strikes me, that there must, after all, have been more than two inches in the smallest diameter of the pelvis, or the child could not have been delivered whole at last, if it was a mature child, and there is nothing said to the contrary by the M. D.

My own opinion is, that when the smallest diameter of the pelvis does not exceed two and a half inches, that the safer way is to perform the Cæsarean section at once, and not to put it off till the woman is moribund, as is frequently the case

Dr. GUNNING S. BEDFORD uses the following language in his late work on Obstetrics: "In the fulness of my faith, I have no hesitation in saying, that if the child be alive, and the woman at the completion of her pregnancy, and it be made manifest that the maternal passages are so contracted as to render it physically impossible that a living child can be extracted per vias naturales, I should, between the two resources, craniotomy and Cæsarean section, not hesitate to decide in favor of the latter.

In regard to "What can one man do, etc., when two or three old physicians are against him, when he knows himself to be right," I should say that you should tell the patient's friends so, if the safety of the patient's life depends upon it, and you are quite certain that that is so. I do not think that it is right that a life should be sacrificed for the sake of etiquette.

E. A. OPFELT, M. D.

Tuscarawas, Ohio, June 23, 1868.

#### Chloride of Sodium in Dysentery.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

The uses of common salt in domestic economy as a condiment and antiseptic, in therapeutics, in small doses as a stimulant tonic; in larger doses as a purgative, and that it is so frequently and usefully employed as a styptic in hæmosptysis, seems to forbid that anything more should be written or said of its properties. Having used it in combination with morphia for thirteen years, and never been disappointed in its beneficial effects, is sufficient apology for calling the attention of the profession to it as a *sine qua non* in the treatment of acute dysentery.

In September, 1855, I read a single paragraph in Nelson's American *Lancet*, recommending salt and morphia as a remedy in sporadic and epidemic dysentery. Being in the midst of an epidemic at the time, I at once resorted to it, and in every case promptly controlled the bloody and frequent evacuations, and distressing tormina and tenesmus, in from twelve to thirty-six hours. When there are evidences of deranged secretions, I premise the treatment with a dose of calomel, (grs. vj.), and opium (grs. ss.), followed by castor oil, after the operation of which, I give,

R. Morphiæ, sul., gr. j. to iss.  
Sodii chloridum, ʒj.

M. Ft. chart, No. vj.

Sig. Give one every 4 hours.

After the violence of the attack is relieved give at longer intervals. This continued for from one to three or four days, usually completes the cure.

Should there be periodicity, or other symptoms of miasmatic poisoning, of course quinine is demanded, and should be given. In addition to its well-known styptic effect, I believe it exerts a very beneficial effect upon the hepatic secretion, and assists materially to unload the portal circle. In proof of this, I quote from Prof. JUSTUS LIEBIG, who, in his *Animal Chemistry* says: "For the production of bile in the animal body a certain quantity of soda, is, in all circumstances, necessary; without the presence of a compound of sodium no bile can be formed."

I have suggested the remedy to a number of neighboring practitioners, and invariably received favorable reports.

Of the effects of the prescription, I only "speak that I do know and testify that I have seen."

L. WOODRUFF, M. D.

Alton, Franklin Co., Ohio.

#### How to Disguise the Taste of Quinine.

EDITORS MED. AND SURG. REPORTER:

Every physician is familiar with the frequent complaints of patients to whom he administers quinine. The taste of quinine is so very bitter and nauseous that it is difficult to get a patient to swallow it, except in the pillular form. All object to it, and not a few refuse to take it, except in the form of a pill.

I have ascertained that chocolate will completely disguise the taste of this medicine. Let the patient obtain a few "chocolate drops" from the confectioner, and he can take quinine in solution without tasting it. Immediately after each dose is swallowed, put two or three chocolate drops in the mouth and chew them up, and the bitter taste of quinine will no longer be perceived. Chocolate, perhaps, would answer the same purpose, but I have not tried it. Any one can satisfy himself of the truth of the above statement, by filling the mouth with a solution of quinine, and using the chocolate drops immediately after ejecting it. By this simple means, the solution of quinine can be used, when otherwise the pillular form would have to be resorted to. It is often desirable to get the patient quickly under the influence of the remedy, which could not be done where pills are used. There are persons, too, who cannot take a pill, and object to the taste of quinine, and beg the doctor to substitute some other remedy in place of it. In these and many other cases it will, in my opinion, be found useful to know that chocolate will disguise the taste of quinine.

R. W. PARKE, M. D.

Mobile, Alabama.

#### Exostosis.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

C. Clark, aged seven years, has extra growths of bone (exostosis) increasing in size and number—one on lower third right femur, large as a walnut, circular-conical; one on inside upper right tibia, half as large as above; also, on left femur and left scapula, small. Child seemed all right until he walked; then right ankle weak and enlarged. Robust and healthy; light, fair skin; red hair; ancestors healthy, so far as I can learn; no scurfy diathesis. The boy now seems to be on the decline slowly, yet his health is fair, but not fleshy and robust as formerly; teeth decaying. He attends school. I can find no treatment recommended in the small medical library at my command. What shall I do to prevent or stop the extra osseous growth? Can I do anything?

N. UDELL, M. D.

Centreville, Ind., June 15, 1868.

[We advise you to try

R. Tinct. ferri chlor.,	gtt. x.
Potass. iodidi,	gr. ii.
Hydrarg. chlor. corros.,	gr. 1-30.

Three times a day.

It is probably a case of hereditary syphilis.—EDS REPT.]

## News and Miscellany.

#### Long Island College Hospital.

The Commencement exercises of the Long Island College Hospital took place last week at the Athænum, Brooklyn, and attracted a large and brilliant audience. Dr. THEODORE L. MASON, M. D., President of Faculty, occupied the chair. The degree of M. D. was conferred upon the following graduates: Clayton Woodford, Conn.; Joseph H. Raymond, A. B., N. Y.; Wm. C. Coleman, Penn.; Frederick Hall, Conn.; Wm. H. Perkins, Md.; Warren L. Ayer, N. Y.; John N. Regan, Wis.; James F. Morgan, N. Y.; Aug. C. McKenzie, N. Y.; Wm. H. Grant, N. C.; Luther S. Clagett, Md.; Chas. N. Wooley, A. B., N. Y.; James M. Elliott, Mich.; Gabriel F. Foster, Iowa; George Ross Munroe, Scotland; Chas. H. Ward, N. Y.; James Russell, Ontario, Canada; Chas. F. Young, N. Y.; James E. McClelland, N. Y.; Robert Allen, Canada; James B. Rouse, N. Y.; Cassius H. Green, A. M., N. Y.; Andrew L. Gouy, Canada; Robert G. Baxter, Nova Scotia; Chas. J. Fox, Wis.; Henry B. Watson, N. Y.

## Medical Literature.

The following is an exact copy of a surgeon's certificate, furnished in aid of a soldier's claim for bounty, and now on file in the War Department: "May the 10 I her By certify on honor that I ——— a praction phission Did waight on and treat ——— Co.— R. Inftry who died at home in J—— county who was on sick furlow with chronic disintary. ——— A pract phison." Another "praction phission" certified that a certain soldier died of "information on the brain;" another, that a death was caused by "disease contracted for in the service;" and another, that the disease of which a soldier died was "new money."

## Don't Let it Happen Again.

A learned professor in a New England college was accustomed to demand of students an excuse whenever they were dilatory at recitation. The excuse given, he invariably added: "Very well; but don't let it happen again." One morning a married student happened to be behind time, was promptly interrogated as to the cause. Slightly embarrassed, he replied:

"The truth is, sir, I had an addition to my family this morning, and it was not convenient to be here sooner."

"Very well," replied the professor in his quick, nervous manner, "very well, but *don't let it happen again.*"

— Our highly esteemed cotemporary, the *British Medical Journal*, informs us in its issue of June 27, under the title "Yellow Fever in Chili," that in Lima there are occuring 150 to 200 deaths from this disease daily, and that in Callao it has been almost as violent. We accept the medical rather than the geographical part of this information. There is in fact a very fatal epidemic prevailing in Central Chili, but the physicians there say it is not yellow fever, but some new and undescribed disease.

— About the close of May the medical students of Naples indulged in an alarming riot. Professor DE LUCA had accepted the chair of Organic Chemistry contrary to the wishes of the majority, and at last accounts it seemed doubtful whether his hearers would submit at all to his instructions.

— Professor TYNDALL concludes his memoir of FARADAY with the sentence: "You might not credit me were I to tell you how lightly I value the honor of being Faraday's successor compared

with the honor of having been Faraday's friend. His friendship was energy and inspiration; his mantle is a burden almost too heavy to be borne."

— To become a doctor of medicine a student must, in Berlin, devote four years to his medical studies. An attempt is on foot to extend this curriculum one year, on the ground that the natural sciences, with which every educated physician should have a certain acquaintance, have made such advances in recent years, that the former period does not suffice. According to the *Wiener Medicinische Presse*, however, the attempt will hardly be successful.

— The typhus fever in one of its most malignant forms has been prevailing in eastern Prussia. The mortality among the people has been great, and the fidelity of the profession in the epidemic may be judged from the fact that up to the middle of May, the *Allgemeine Medicinische Central-Zeitung* enumerated twenty physicians who had fallen victims to it while in the performance of their duties.

— His Highness the Duke of Anhalt has chosen Dr. TOROLD as the recipient of the gold medal of Art and Science in recognition of his distinguished contributions to the study of laryngeal diseases.

— The States of the Church have at last declared themselves ready to join the International Sanitary Convention of Geneva.

— PETER ALEXANDROWITSCH DUBOWITZKY, medical inspector-general of Russia, died in April. He was a man of uncommon intellectual force and profound medical knowledge. When but 22 years of age he was appointed to the chair of Theoretical Surgery in the University of Kiew, and filled this and many other posts with great distinction.

— The celebrated Professor HELMHOLTZ, of Heidelberg, has received a call to the chair of Professor of Physiology in the University of Wurzburg.

— The two sons of Dr. R. OGDEN DOREMUS, the well-known chemist, while playing in a wooden play-house at the back of their residence, on the 26th ult., accidentally set it on fire. They were unable to escape immediately, and the younger of the boys perished in the flames.

— M. JARJAVAY, Professor of Clinical Surgery at Paris, died recently, after a short illness. He had succeeded Prof. NÉLATON in the Hospital des Cliniques, and died in the vigor of his age.

